



# Information Memorandum

Oregon Department of Human Services

Originating Cluster:

Seniors and People with Disabilities

Authorized by: DeAnna Hartwig, Administrator

*Signature*

IM Number: SPD-IM-03-096

Date: October 16, 2003

**Subject:** Change in SMF Program Coding

**Applies to (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> All DHS employees             | X County DD Program Managers                            |
| X Area Agencies on Aging                               | <input type="checkbox"/> County Mental Health Directors |
| X Children Adults and Families                         | <input type="checkbox"/> Health Services                |
| X Community Human Services                             | X Seniors and People with Disabilities                  |
| <input type="checkbox"/> Other (please specify): _____ |   |

**Message:** It has come to our attention that Institutional Care clients (Nursing Facility/ MH/DD Institutional clients) are not eligible for the SMF Program. This Program pays for the Part B Medicare premium for persons whose income is between 120% and 135% of Federal Poverty Level (FPL).

As a result, we are taking two actions during October CMS End of Month processing: first, we are doing a computer run to change the SMF Case Descriptor (C/D) to SBI (State Buy-In) on Institutional cases and secondly, we are putting edits into the system to not allow the SMF C/D with institutional care.

Waivered service cases are not affected by this change.

Since we will continue paying the part B premium and the client's benefits will not change, no adverse action notice is required.

*If you have any questions about this information, contact:*

Contact(s):	Dale Marande		
Phone:	503-945-6476	Fax:	503-373-7902
E-mail:	Dale.f.marande@state.or.us		